

Compensation of Hospital Employees



DOH 346-095 (REV 08/01/2016)

Calendar Year: 2019		Entity Name: PROVIDENCE ST. MARY MEDICAL CENTER						
(A) Employee Name (who does not have direct patient care responsibilities)	Indicate if Lead Administrator	Hospital if applicable	(B) Breakdown of W-2 and/or 1099 MISC Compensation			(C) Retirement and Deferred Compensation	(D) Non-Taxable Benefits	(E) Total
			(i) Base Compensation	(ii) Bonus & Incentive Compensation	(iii) Other Reportable Compensation			
1 SUSAN BLACKBURN	X		290,605	75,324	46,601	153,899	22,671	589,100
2 CHRISTOPHER P HALL			334,674	66,251	20,210	85,365	23,669	530,168
3 ROBERT A WATILO			251,611	49,381	2,586	61,461	20,099	385,139
4 YVONNE M STRADER			189,090	35,698	2,589	53,737	11,620	292,734
5 AMY T ROBISCH			154,504	12,754	5,369	18,304	8,086	199,017
6								0
7								0
8								0
9								0
10								0
11								0
12								0
13								0
14								0
15								0

Add Additional lines as needed

Notes:

Please refer to IRS Form 990 and Schedule J for definitions of types of compensation

Form 990 Schedule J <http://www.irs.gov/pub/irs-pdf/i990sj.pdf>

If the five highest paid employees do not include the lead administrator, please report compensation information for the lead administrator on line 1, and for the five highest paid employees without patient care responsibilities on lines 2 through 6.

Please submit compensation information to DOH either by mail, fax or email to the following address:

Washington State Department of Health

Community Health Systems/Hospital Financial and Charity Care Section

MS: 47853

Olympia, WA 98504-7853

email: hos@doh.wa.gov